| NOTICE OF FORM CH  | ANGE NO. 04-132                  |  |                                     |      | DATE 04/21/2004                  |
|--|----------------------------------|--|-------------------------------------|------|----------------------------------|
| TO:<br>County Welfare Di<br>Supply Clerk / For   |                                  | FROM: Forms Management Unit (916) 657-1907 |                                     |      |                                  |
| □ Community Care Licens     □ Private and Public Adop  | ~                                |  | District Attorney Other             |      |                                  |
| Listed below is information re<br>This notice updates your Dep                                       |                                  |  |                                     | vn.  |                                  |
| FORM NUMBER AND TITLE LIC 9216   | (4/04) Complaint and Ty          | ype A Violat                               | ion Log                             |      |                                  |
| ORDER UNIT MASTER ONLY   | ⊠ Free ☐ Sold                    | ESTIMATED                                  | PRICE                               |      | INITIAL SUPPLY SENT  ☐ Yes  ☐ No |
| New  | DATE OF FORM 4/04                | REPLACES                                   |                                     |      | Obsolete                         |
| No Change Permitted  | REQUIRED FORM-  Substitute Permi | itted With Pi                              | rior DSS Approval                   | □Red | commended Form                   |
| UNLESS OTHERWISE SPECIFIED STO  Department of Social Servi P.O. Box 980788  West Sacramento, CA 9579 | ces Warehouse                    |  | Other:                              |      |                                  |
|  | FORMS DISPOSIT                   | TON AND S                                  | SPECIAL INSTRUCTION                 | DNS  |                                  |
| DISPOSITION OF OLD SUPPLY Use until exhausted  |                                  | ☐ De                                       | stroy                               |      |                                  |
| use NEW FORM  ☐ When supply available in DSS Warehouse  ☑ U  |                                  |  | Use new form effective immediately. |      | iately.                          |
| USE FORM IN ACCORDANCE WITH  All County Letter No.  Other (specify)                                  |                                  |  |                                     |      |                                  |
| additional information regarding fo<br>Attached is a Reproducible C                                  |                                  |  |                                     |      |                                  |
| Print form: 8 1/2 x 11, on   | e sided.                         |  |                                     |      |                                  |

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov. Contact Language Services for other languages at (916) 445-6778 or by electronic mail at LTS@dss.ca.gov.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

## **COMPLAINT AND TYPE A VIOLATION LOG**

• Record any Substantiated (S) or Inconclusive (I) complaints of sexual or physical abuse and any other complaints relevant to the legal action.

- Record all Type A Violations cited.
- Record any resulting Informal Meeting (IM), Noncompliance Conference (NC), Compliance Conference (CC), or Statement of Facts for Administrative Action (AA).

| Complaint<br>Code from<br>LIC 802 | Finding:<br>Substantiated = S<br>Inconclusive = I | ii ali ilicoliciusive | Description of Violation Include Regulation Title and Regulation Number (Use separate lines if more than one on same date) | Any Action<br>Taken?<br>(IM, NC, CC, AA) | Date Action<br>Taken |
|-----------------------------------|---|-----------------------|--|--|----------------------|
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